



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Improving Behavioral Health Integration through Culturally Appropriate Service Delivery

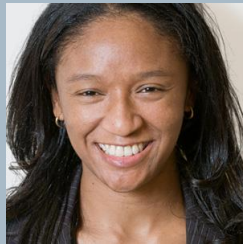
September 13, 2017



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Moderators:

Emma Green, Program Manager, CIHS







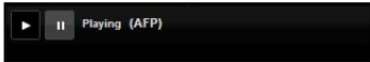

Roara Michael, Associate, CIHS



Before We Begin

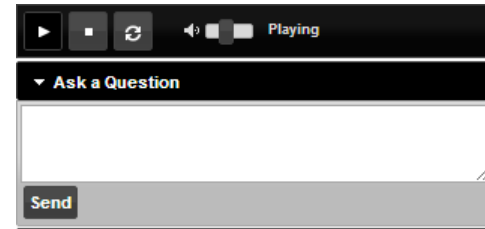
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Browser	 Passed	Google Chrome 33 Your browser is ready to go!
Bandwidth	 Passed	Your connection speed is approximately: 4,513 Kbps Your current bandwidth connection is ready to go!
Media Playback Test	 Passed	
Slide Display Test	 Passed	Your system is ready to go!
Advanced Info	User Agent: Mozilla/5.0 (Windows NT 6.1; WOW64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/33.0.1750.117 Safari/537.36 Tech info: Windows 7 Google Chrome 33 BW: 4,513 Kbps AFP v.12.0.0 WMP v.Not installed or disabled IP: 98.141.87.70 RSA: 173.228.128.107 Screen Res: 1920 x 1080 Compatibility Mode Enabled: NA Cookies Enabled: Yes Click here for the advanced system test Time: Thu Feb 27 16:23:17 GMT+00:00 2014	

Before We Begin

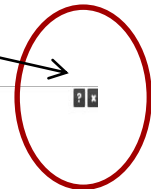
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SAMHSA-HRSA
Center for Integrated Health Solutions

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Disclaimer:

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), or the U.S. Department of Health and Human Services (HHS).

Learning Objectives

During the webinar, you will learn:

- The range of issues of concern when it comes to cultural and linguistic competency (CLC);
- How to engage leadership in CLC;
- Specific tools and resources, including: an organizational self-assessment of linguistic and cultural appropriateness, a checklist of how to implement best practices and organizational protocols, and information on benchmarking progress;
- How to obtain these tools and additional assistance in addressing CLC.

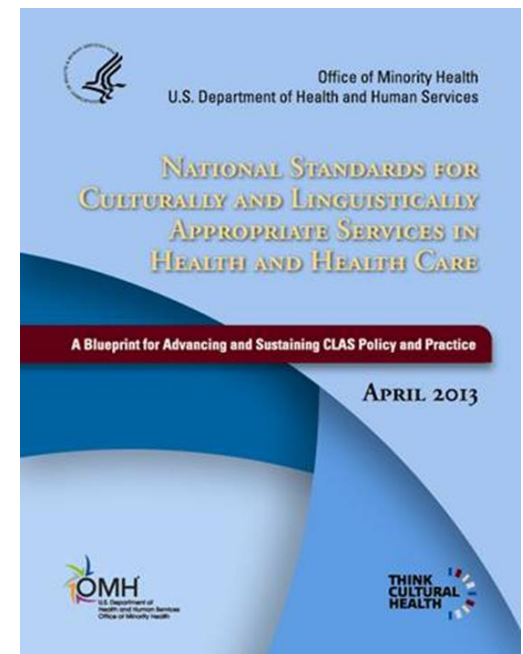
Welcome from HRSA and HHS Office of Minority Health



Juliet Bui, MSA, MPA
Public Health Analyst, Office of Minority Health

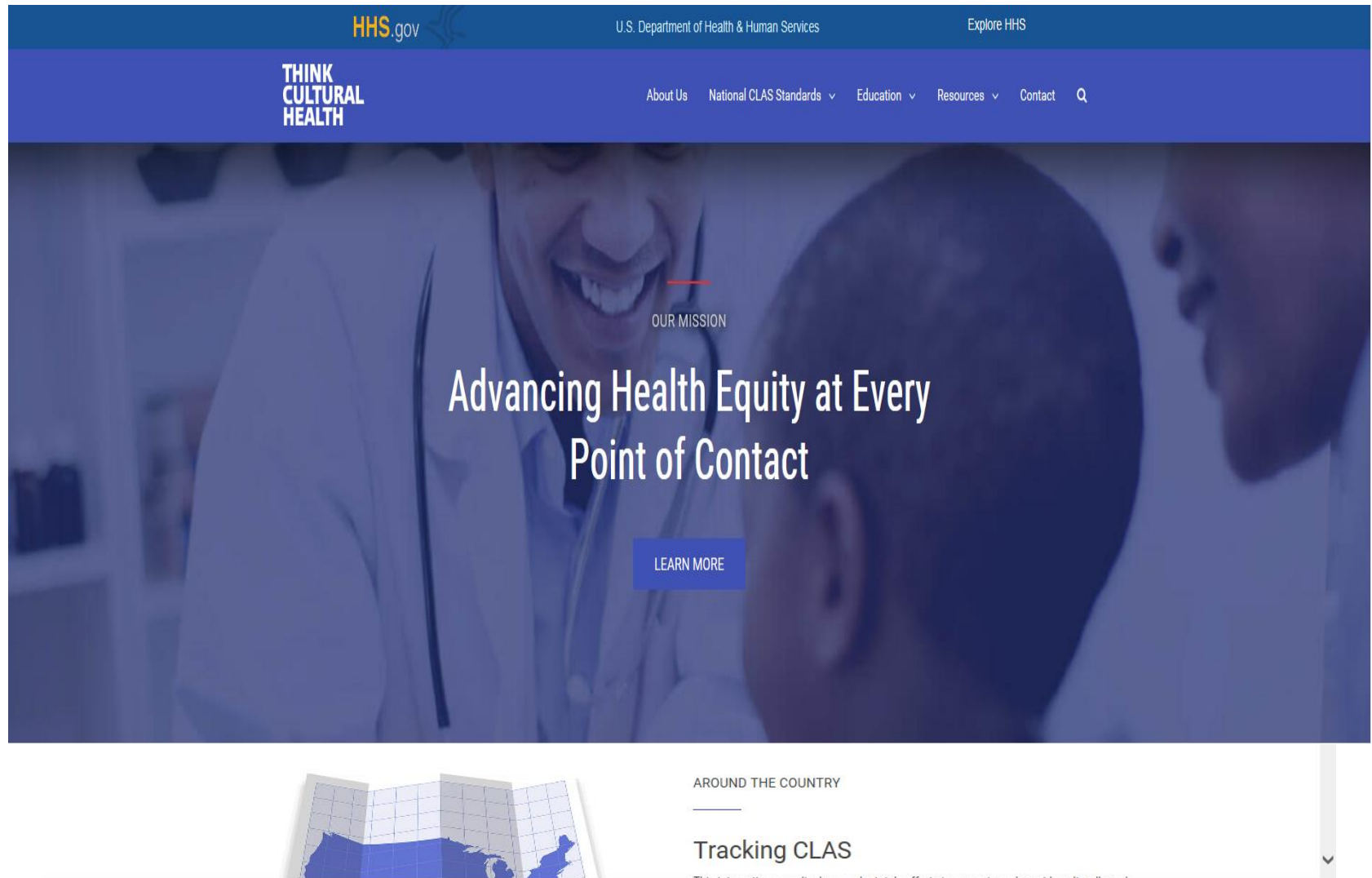
National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards)

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to implement and provide culturally and linguistically appropriate services.



Center for Linguistic and Cultural Competency in Health Care*

Think Cultural Health: www.ThinkCulturalHealth.hhs.gov



*Established in 1995. Statutory Authority 42 U.S.C. § 300u-6(b).
integration.samhsa.gov

Think Cultural Health: Continuing Education Programs

E-Learning Programs

A Physician's Practical Guide to Culturally Competent Care*

Culturally Competent Nursing Care: A Cornerstone of Caring*

Cultural Competency Curriculum for Disaster Preparedness and Crisis Response*

Cultural Competency Program for Oral Health Professionals*

Promoting Healthy Choices and Community Changes

*Accredited

Next e-learning program under development: behavioral health

Integrating Cultural and Linguistic Competence in Providing Health Care



Presenters



Steve Davis
Director, Outreach Services
Greene County Health Care, Inc.



Andrea Caracostis, MD. MPH.
CEO
Asian American Health Coalition
HOPE CLINIC



Jeanne F. Nizigiyimana
Co-Founder & Program Manager,
Refugee Women's Health Clinic

Greene County Health Care, Inc.



- The mission of Greene County Health Care is to provide high quality, integrated, affordable health care to the residents of eastern North Carolina. We care for the entire community, with a focus on the underserved.

Company Overview

- Greene County Health Care, Inc. (GCHC) is a federally qualified health center that has been providing primary health care in eastern North Carolina for 45 years. We have grown from a single medical care site in Walstonburg in 1972 to a large organization with seven service delivery locations in three counties. Our current delivery system includes five primary medical care sites, three dental care sites and a school-based health clinic. We hired our first interpreter and started cultural trainings in 1997.

Staff



- We have over 150 full and part-time staff at Greene County Health Care.
- Which includes more than 18 Medical Providers, 7 Dentists, 12 Mental Health professionals, 6 Enrollment Specialists (ACA), and over 22 Health Educators/Case Managers (Outreach Workers) that work in over 20 counties in eastern North Carolina.
- We also have a large number of Residents, Students, and Volunteers.

Patients Served



- GCHC serves more than 40,000 patients each year.
- 22,000 of those 40,000 served are Migrant and Seasonal Farmworkers and are primarily Spanish speaking.
- Over 85% of our patients are uninsured.
- Many counties we serve have no public transportation.
- GCHC has a sliding fee based on income and household size.

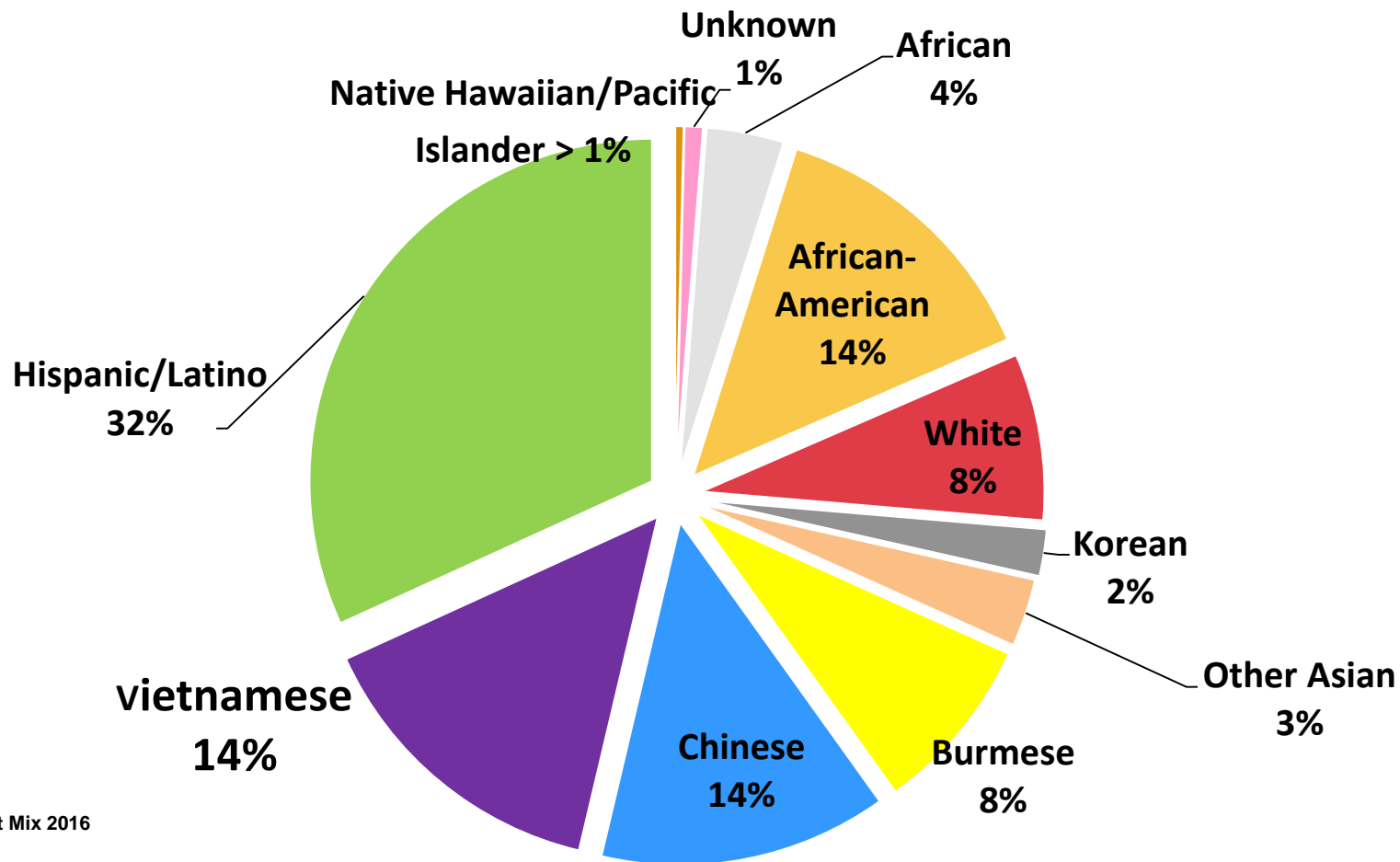
Asian American Health Coalition dba HOPE Clinic, Houston Texas



Staffing: 150 staff; 20 MDs, 5 NPs, 15 case managers; 17 languages

Adult, pediatric, ob/gyn out and in patient, vision and behavioral health.
Special Care: Hepatitis B/C treatment; Cervical and Breast Cancer;
nutrition, pediatric cardiology, pulmonology, oncology and hematology

Race and ethnicity 2016



Patient Mix 2016

Major Health Challenges

- ❖ HOPE Clinic became a FQHC in 2012 with the mission *“to provide quality health care without any prejudice to all people of greater Houston, in a culturally and linguistically competent manner.”*
- ❖ Mayor Health Challenges include:
 - ❖ Hepatitis B with at 11% incidence rate our response **B-Free Houston**
 - ❖ Breast Cancer in Asian community our response **Phoenix Project**
 - ❖ Cervical Cancer target Vietnamese and Arabic community our response **Jade Circle Project and Papalooza Events**
 - ❖ Behavioral health stigma and prevalence in immigrant communities our response the **CRANE Project**.
 - ❖ Environmental and occupational health exposures around manicurist our response **Project “Nail-IT”** (Innovative Teaching)

Refugee Women's Health Clinic

Maricopa Integrated Health System

Phoenix, Arizona



Our Mission

We provide culturally and linguistically appropriate health services to refugee and immigrant women in Phoenix, while seeking to reduce/eliminate health disparities and cultural barriers to care.

Our Patients

- From 2008 to 2015, over 3,000 individual patients have made RWHC their medical home.
- Since 2008, clinic providers have held over 9,500 appointments and have helped deliver more than 1,250 babies.
- Patients have come from 53 different countries, speaking 41 different languages.
 - The top five populations are Somali, Burmese, Iraqi, Congolese, and Burundians, with the highest volume of patients in 2016 being Congolese.
- In 2016, nearly 85% of total visits were obstetric appointments.
- The majority of patients (85%) are covered by Medicaid, with the rest being covered either by private insurance or on a sliding fee scale.
- Systemic challenges: language/culture, resource access, behavioral services utilization, and providers' sensibility/training



Our staff and our services

Services

- Prenatal care, postpartum care
- Gynecological care
- Family planning
- Surgical modifications for FGC
- Patient education
- Cultural health navigators: bicultural interpreters
- Behavioral health services
- Assistance with referrals as appropriate
- Supplies for social needs
- Partner with communities with the goal to Improve Reproductive Health Outcomes

Staff

- Cultural Health Navigators: 4
- Medical Assistant: 1
- Midwives: 2
- OBGYN Providers: 2
- Community Health Outreach Coordinator: 1 VISTA
- Research Associates: 2
- MSW/Public Health Student Intern: 2
- Program Manager: 1

Facilitators



Rachele Espiritu



Naomi Ortega Tein



Suganya Sockalingam

Change Matrix, LLC

Objectives

- Identify common challenges faced by racially diverse and ethnic minority populations in accessing and receiving behavioral health services.
- Acknowledge and address cultural differences and incorporate program participants' culture into health decision-making.
- Role of Cultural and Linguistic Competence and National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards) for supporting culturally relevant and resonant care.
- Engage program participants and communities in services and health promotion efforts.



Poll Question #1

Has your agency or organization planned activities that integrates cultural and linguistic competence into service delivery?

☐ Yes

☐ No

☐ Not sure



Factors That Influence Diversity Among Individuals and Groups

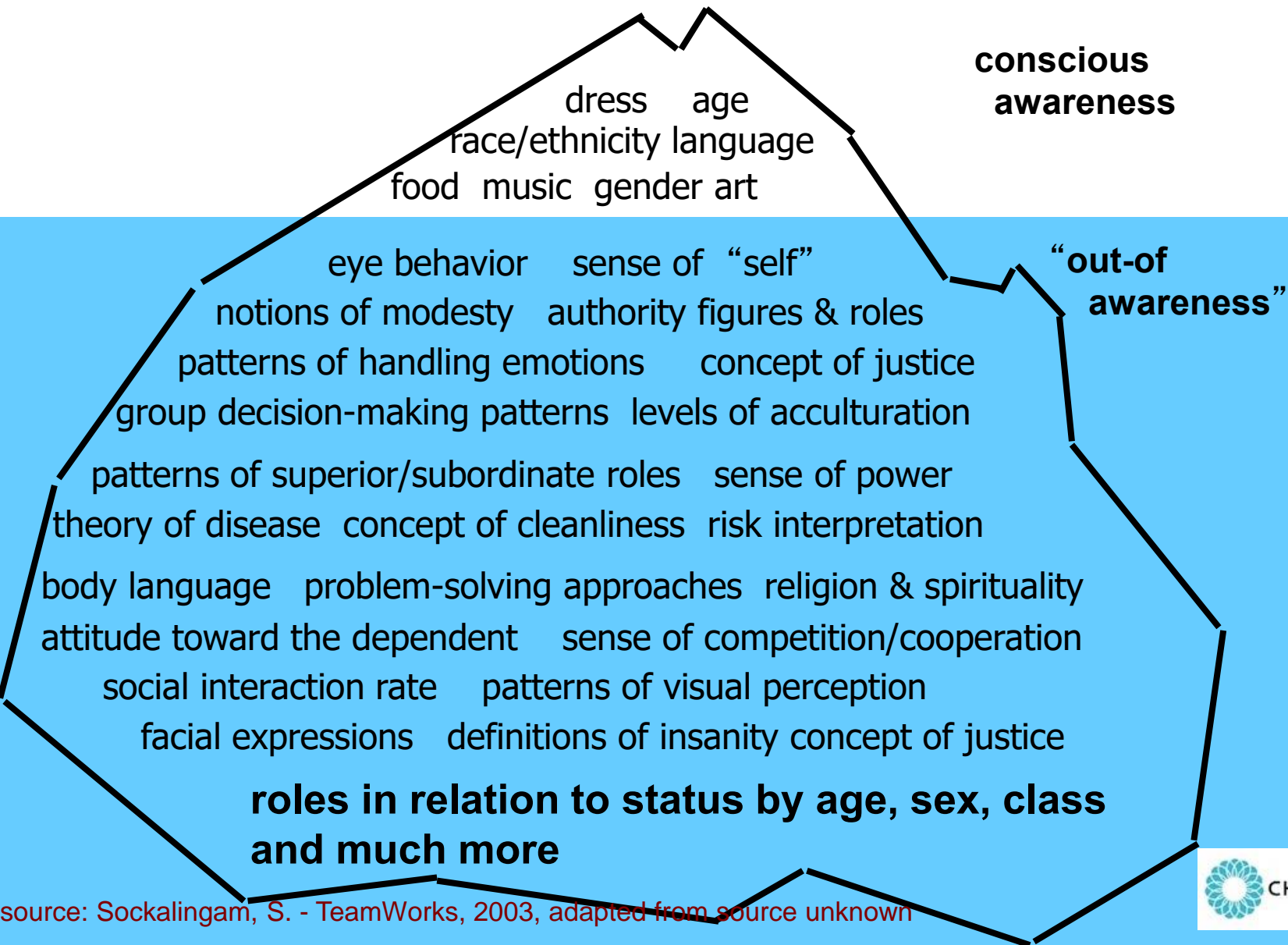


Source: NCCC,
2002 - modified
from James
Mason, Ph.D.,
NCCC Senior
Consultant;
TeamWorks© -
2006





Iceberg as a Metaphor for Culture



Safety Net Providers - Special Populations



Cultural Influences on Health Seeking Behaviors & Attitudes

- ✓ Diverse beliefs about disease and disease management
- ✓ Reliance on traditional healers, practices, and medicines
- ✓ Mistrust of health care professionals and institutions outside of own culture
- ✓ Experiences of racism, discrimination and bias
- ✓ Communication/Linguistic barriers
- ✓ Lack of understanding of western medical systems



Poll Question #2

How would you characterize your organization's awareness and knowledge about integration of cultural & linguistic competence in service delivery?

- A. Not at all aware and knowledgeable
- B. Slightly aware and knowledgeable
- C. Somewhat aware and knowledgeable
- D. Moderately aware and knowledgeable
- E. Extremely aware and knowledgeable
- F. Other _____



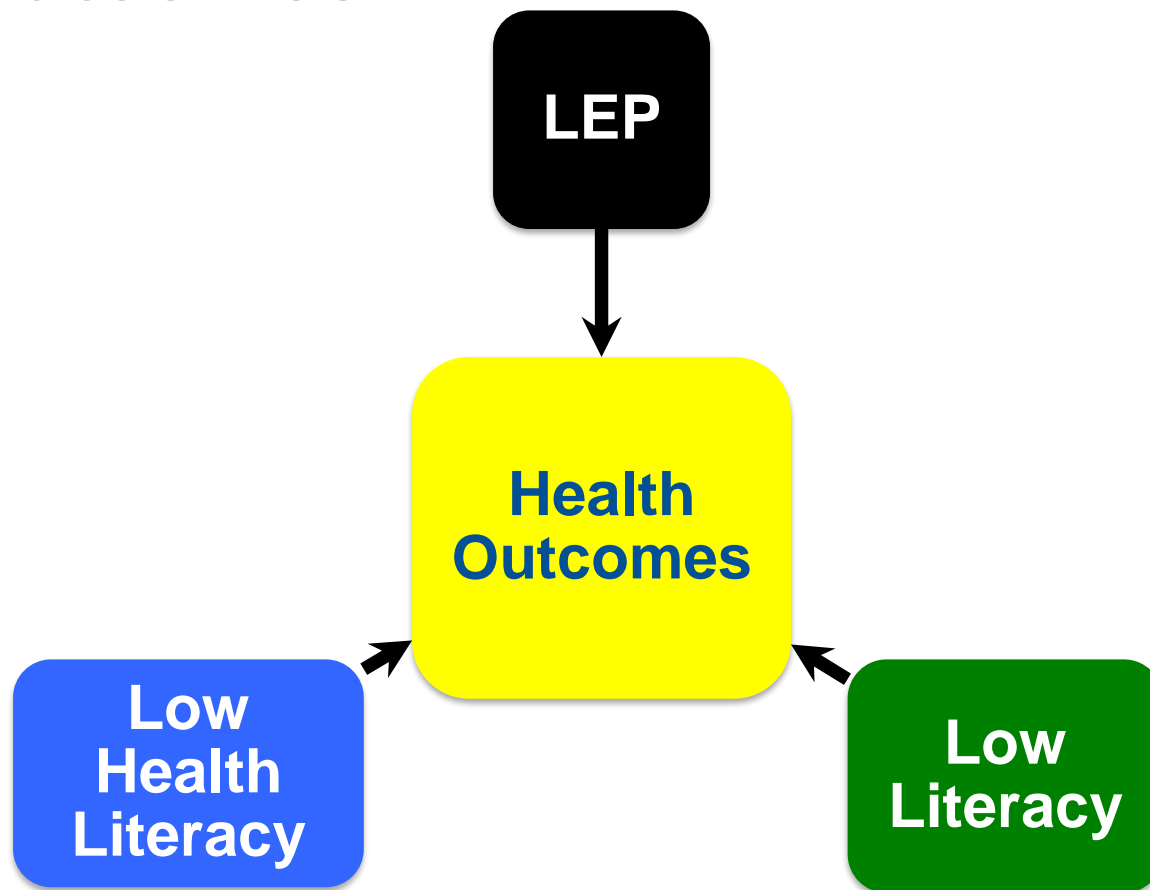
Cultural Competence



requires that organizations have a clearly defined, congruent set of values and principles, and demonstrate behaviors, attitudes, policies, structures, and practices that enable them to work effectively cross-culturally

Cross, T., Bazron, B., Dennis, K., & Isaacs, M., (1989). Towards A Culturally Competent System of Care Volume I. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center

Language, Communication, & Health Outcomes



Providing LEP Services

(for individuals with limited English proficiency)



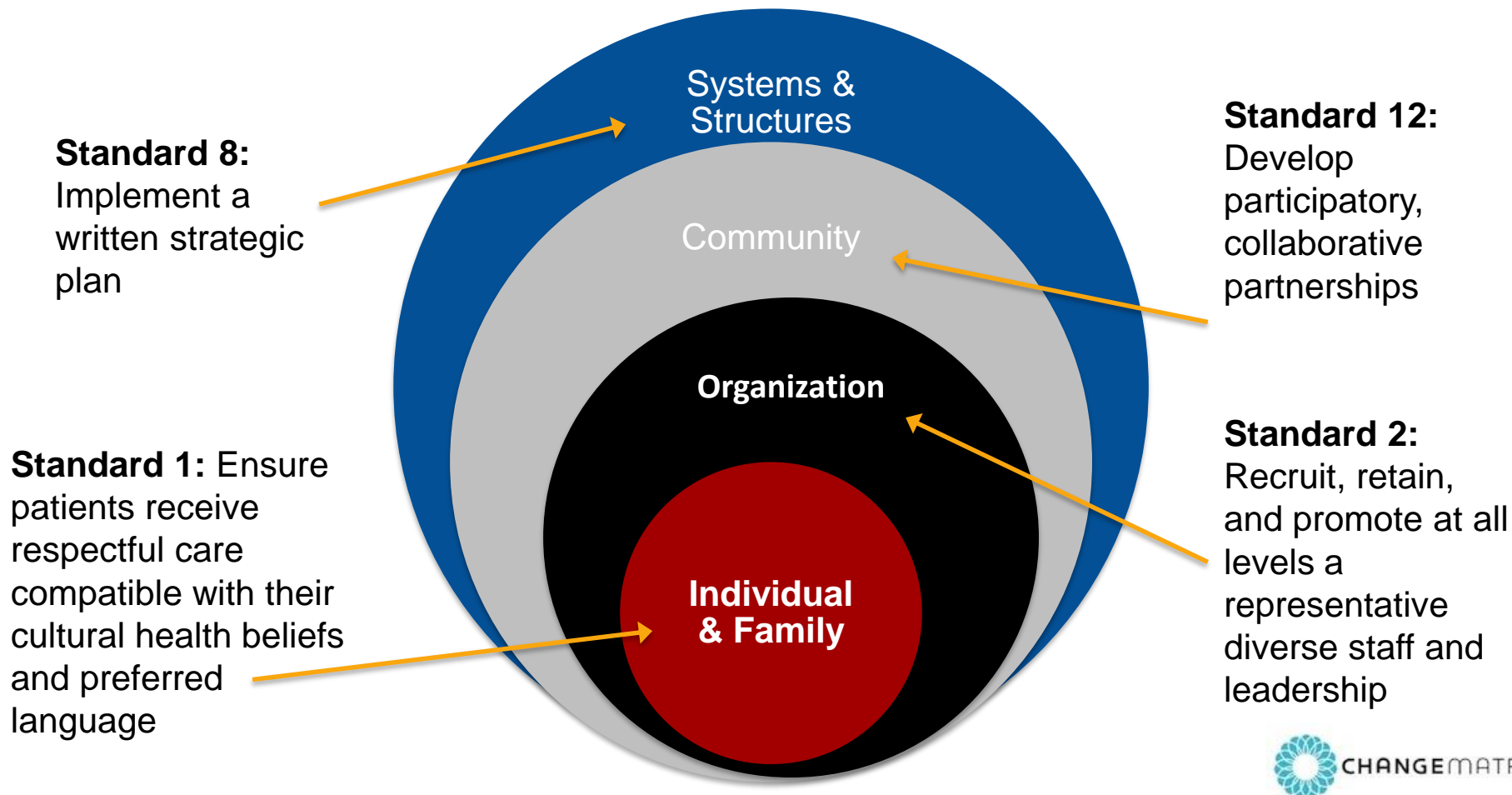
WHAT? Federal guidance requires organizations that receive federal funding to take reasonable steps to ensure individuals with LEP have meaningful access to their programs and activities.

HOW? Starting point is an individualized assessment that explores:

- The number or proportion of individuals with LEP in target population
- The frequency with which individuals with LEP connect with the program
- The nature of the program, activity, or service provided by the program and its importance to people's lives
- The resources available to the orgn. and costs

What Does CLC Look Like?

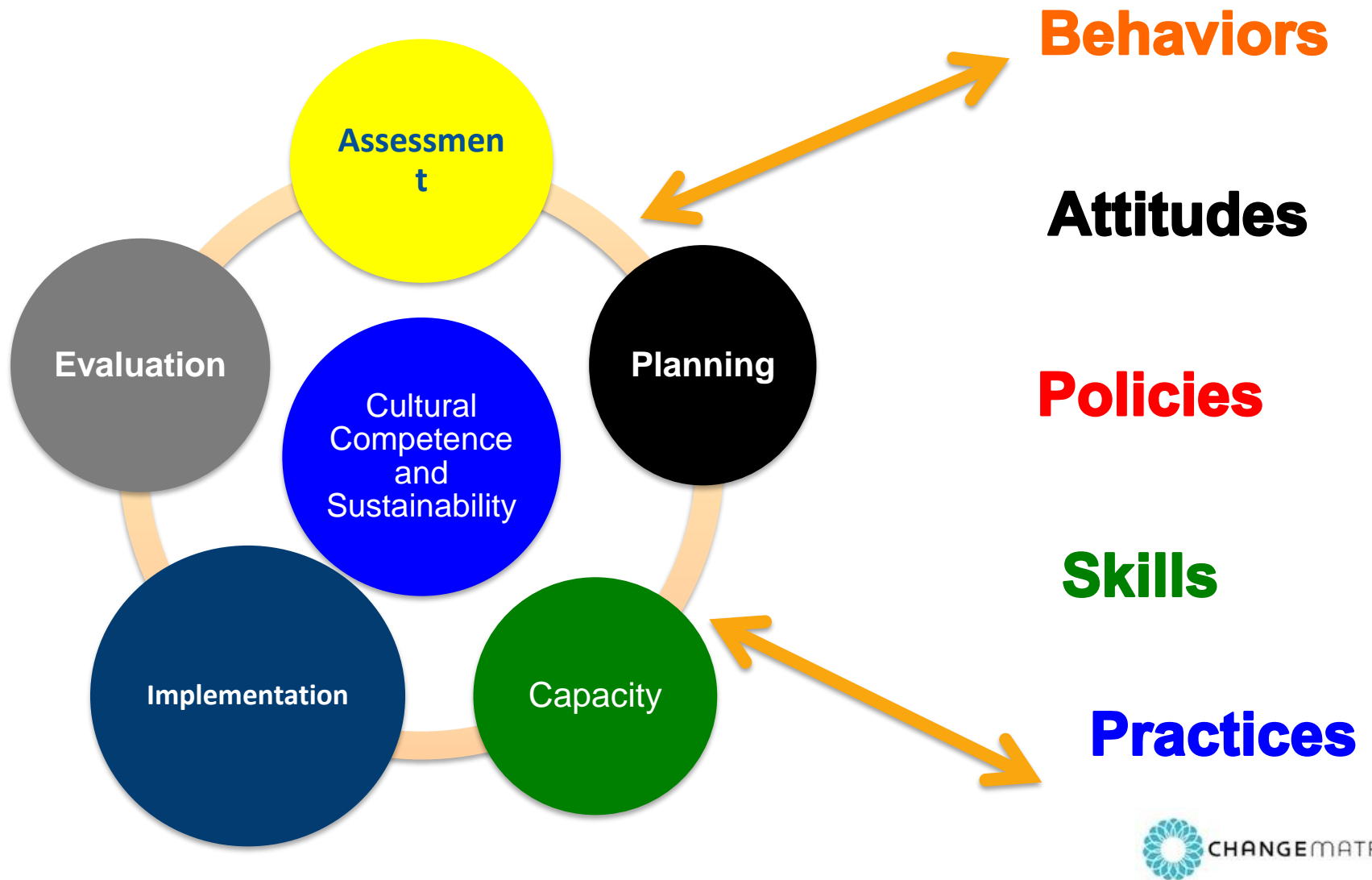
National Standards for Culturally & Linguistically Appropriate Services in Health Care



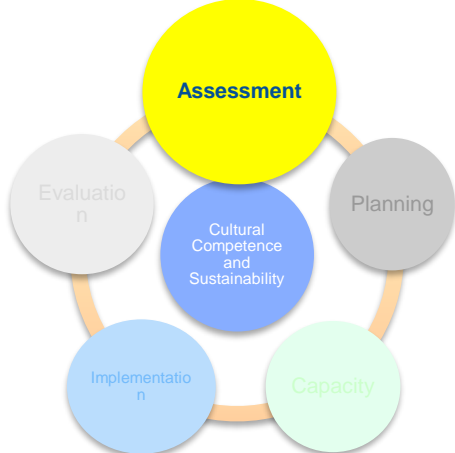
Principles of CLC and Trauma-Informed Care

Cultural Competence	Trauma-Informed Care
<i>Acknowledgment of unique issues of cultural status</i>	<i>Safety</i>
<i>Concept of responsive services</i>	<i>Trustworthiness and transparency</i>
<i>Working with natural, informal support systems</i>	<i>Peer support and mutual self-help</i>
<i>Minority participation at all organizational levels</i>	<i>Collaboration and mutuality</i>
<i>Support of self-determination for the broader minority community</i>	<i>Empowerment, voice, and choice</i>
<i>Understanding the dynamics of difference</i>	<i>Cultural, historical, and gender issues</i>

CLC Framework



Implementing a CLC Approach



Assessment

- ❖ Expand collection, analysis and reporting of data
- ❖ Include community in the data collection
- ❖ Include questions that will elicit social determinants that will affect access, utilization and outcome of services
- ❖ at a minimum, gather and analyze demographic data and determine the composition of the local community and the service populations
- ❖ If possible, a broader needs assessment can be conducted in order to gain insight into the needs throughout your focus communities
- ❖ There are many tools already developed to do this and we provide some suggestions in the guide



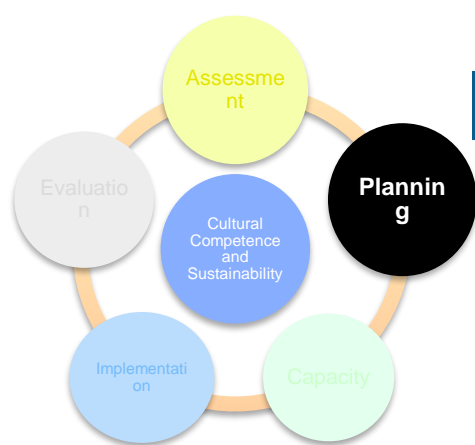
Greene County Health Care



Greene County Health Care provides a number of needs assessments that are provided out in the communities where our patients live and work.

We provide three different needs assessments throughout the year. One at the beginning of the year, one in the middle of the year, and a follow up at the end of the year to see how we did.

Implementing a CLC Approach



Planning

- ❖ Use data to plan strategically in order to implement a CLC approach
- ❖ Develop written plan with clear goals, policies, plans, accountability
- ❖ Develop a living document
- ❖ Develop it with input from staff at all levels and community stakeholders
- ❖ Commitment from leadership that is communicated to all
- ❖ Plan for all contingencies – staffing, communication services, locations, additional services to empower clients

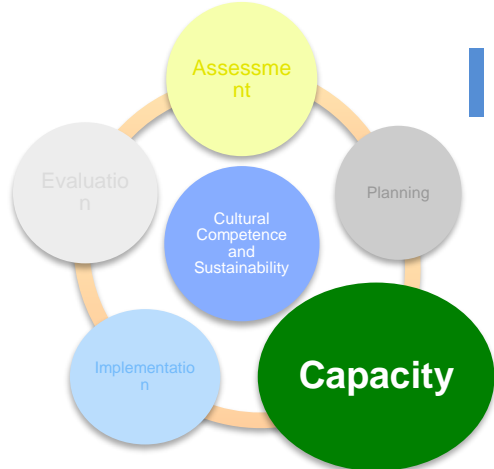


Refugee Women's Health Clinic

Resources related to community engagement:

1. The Refugee Women's Health Community Advisory Coalition (RWHCAC) infrastructure
2. Statewide community initiative for Enhancing Culturally-Informed Health Care Services for Women Affected by FGC in Arizona
3. Aku Anyi Swastha (Help for Health), a sustainable program that addresses health literacy in the Burmese Bhutanese communities, promoting enrollment and access to healthcare
4. Various community-based participatory research projects
5. Culturally-informed Somali and Congolese health videos
6. Monthly outreach and patient education (e.g., expecting refugee mothers' class)
7. Annual Holiday Angel Event for the distribution of gifts to our patients
8. Print resources: quarterly newsletter, translated informational materials

Implementing a CLC Approach



Capacity

- ❖ Increase the ability of the health care workforce to meet the needs of vulnerable populations.
- ❖ Recruitment, retention, and promotion of diverse staff and leadership at all levels of the organization, representing the demographics of the service community
- ❖ Redesign job roles and functions
- ❖ Provide orientation and ongoing professional development to address needs of the community
- ❖ Innovative approaches to identify culturally appropriate and resonant service providers

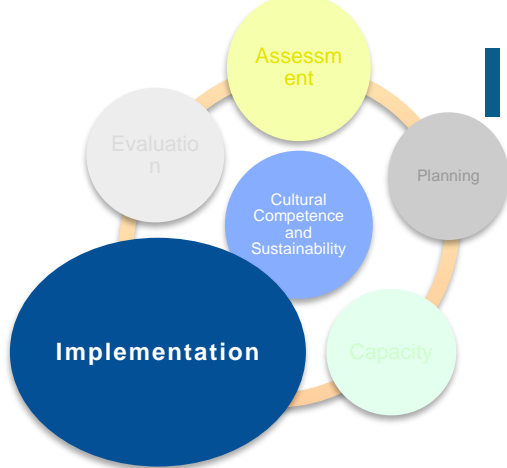


Hope Clinic



- HOPE provides a 6 day training to all front line clinical and administrative staff. The training provides a state certification in medical translation and endures consistency in patient communication.
- Cultural competency and diversity education is also provided as an ongoing annual all staff training.
- Online training tool facilitates cultural competency training for all new staff.
- Staff at HOPE come from over 25 different countries and provide services to patients coming from over 50 different countries.

Implementing a CLC Approach



Implementation

- ❖ Implement culturally and linguistically responsive mental health services that are accessible and meet the ongoing needs of the community.
- ❖ Ensure the services are accessible
- ❖ Ensure services are appropriate
- ❖ Continue to meet the ongoing needs of the community
- ❖ Ongoing monitoring to ensure strategies are working effectively
- ❖ Leadership and staff primed to be aware, knowledgeable and having the necessary skills
- ❖ Consideration of all potential client needs



Greene County Health Care



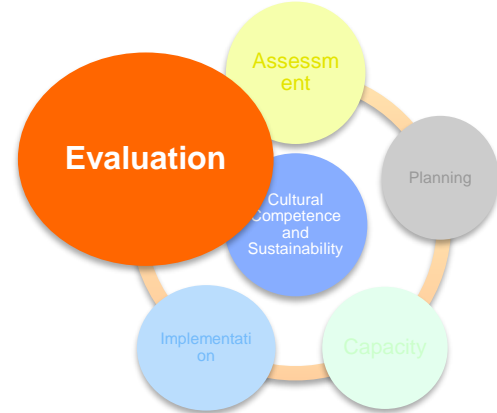
- GCHC is very committed to providing the most appropriate linguistically and culturally appropriate health care.
- We provide all new staff with cultural sensitivity training that will relate directly to the patients they will be serving.
- We also provide yearly cultural sensitivity training to current staff and much of that training is based off of what challenges or new patient populations that we may have encountered in the past year.
- We have also been known to take clinical, front desk, administrative staff, etc. out to the migrant Farmworker camps to give them a first hand look at living conditions and different barriers to health care that many of our patients face on a daily basis.

HOPE Clinic



- HOPE Clinic has led for the last 9 years a Community development coalition that seeks to coordinate health and social activities among over 16 different community organizations representing 10 different cultures.
- HOPE conducts annual needs assessments and focus groups in 5 different languages.
- Internally HOPE encourages culture sharing through an annual cultural potluck
- Hiring from patient base and developing team sharing activities.

Implementing a CLC Approach



Evaluation

- ❖ Implement ongoing efforts to monitor and evaluate services to achieve culturally and linguistically responsive mental health services that reduce health disparities.
- ❖ Examine data to ensure that you get an accurate picture of your patient population.
- ❖ Evaluate the implementation of your plan
- ❖ Measure patient satisfaction
- ❖ Staff satisfaction and capacity
- ❖ Monitor and evaluate the cost structure



Refugee Women's Health Clinic

Resources related to the value of using health navigators

Our Integrated Care Model: 5C's

- **Cultural Health Patient Centered Navigation**
 - Culturally-informed clinical and interpretation services
- Communication to promote health: Culturally-Informed Educational Modalities (i.e. Audio-visual teaching Videos)
- Care Coordination assuring continuity of care: Assistance with appointment reminders, coordination of transportation, health insurance coverage, instruction on treatment adherence, HV and referrals
- Community Partnered Engagement: Clinic projects and activities are co-designed and implemented by engaging and partnering with the refugee communities.
- Capacity Building: Ongoing TOT programs responding to the need of partnering communities (Aku Anyi Swastha, "*Help for Health*"): Initiative for Healthy Bhutanese and Burmese Communities

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Resources for:

Practical Strategies for Culturally Competent Evaluation

https://www.cdc.gov/dhdsr/docs/cultural_competence_guide.pdf

Planning for Cultural and Linguistic Competence in State Title V

Programs...[https://nccc.georgetown.edu/documents/NCCC%20Title%20V%20Checklist%20\(CSHCN\).pdf](https://nccc.georgetown.edu/documents/NCCC%20Title%20V%20Checklist%20(CSHCN).pdf)

The Community Guide to Community Preventive Services – Program Planning Resources

http://www.thecommunityguide.org/uses/program_planning.html

Culturally and Linguistically Responsive Strategies and Resources

<https://www.thenationalcouncil.org/wp-content/uploads/2015/11/Cultural-and-Linguistic-Competence-and-CCBHC-Criteria.pdf>

Cultural Competence Planning Guide

<https://www.dshs.wa.gov/sites/default/files/SESA/odi/documents/CultCompGuidebook22-1470.pdf>

Cultural and Linguistic Competency Toolkit

http://www.familypact.org/Providers/cultural-competency/2012-07_CulturalCompetencyToolkitADA.pdf

Resources for:

Making CLAS Happen: Six Areas for Action

<http://www.mass.gov/eohhs/gov/departments/dph/programs/admin/health-equity/clas/making-clas-happen.html>

Using Social Determinants of Health Data to Improve Health Care and Health: A Learning Report

<http://www.rwjf.org/content/dam/farm/reports/reports/2016/rwjf428872>

Measuring Health Disparities - NACHC PRAPARE Tool

<http://www.nachc.org/research-and-data/prapare/>

Reducing Health and Health Care Disparities: Implementation Lessons and Best Practices for Health Care Organizations http://www.chcs.org/media/Resource-13-058_reducing_health_and_health_care_disparities_-_final.pdf

Toward Culturally Centered Integrative Care for Addressing Mental Health Disparities Among Ethnic Minorities

<https://www.apa.org/pubs/journals/releases/ser-a0038122.pdf>

CIHS Tools and Resources

Visit www.integration.samhsa.gov or
e-mail integration@thenationalcouncil.org

The screenshot shows the homepage of the SAMHSA-HRSA Center for Integrated Health Solutions. At the top, there is a header with the text "Making Integrated Care Work" and a phone number "202.684.7457". Below this is the main title "SAMHSA-HRSA Center for Integrated Health Solutions" and a link to the "eSolutions newsletter". A navigation bar contains links for "About Us", "Integrated Care Models", "Workforce", "Financing", "Clinical Practice", "Operations & Administration", and "Health & Wellness". Below the navigation bar is a "Glossary" link and social media icons for Facebook, Twitter, Listserve, Ask a Question, and Email.

The main content area is divided into two columns. The left column features a large image of four people in a meeting, with the text "Core Competencies for Integrated Behavioral Health and Primary Care" and a description: "An essential foundation for preparing and further developing an integrated workforce." Below this is a "CALENDAR OF EVENTS" section with two events listed for February 2014: "Substance Use and Mental Disorders: Early Detection, Prevention, and Treatment" (February 26-28, 2014) and "Integrating Peer Support in Primary Care" (February 27-29, 2014).

The right column features a section titled "ABOUT CIHS" with the text "SAMHSA-HRSA Center for Integrated Health Solutions" and a description: "CIHS promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in behavioral health or primary care provider settings." Below this is a "TOP RESOURCES" section with two articles: "Integrating Physical and Behavioral Health Care: Promising Medicaid Models" (February 24, 2014) and "February Is American Heart Month!" (February 21, 2014). Each article has a thumbnail image and a brief description.



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

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feedback by completing the survey at the
end of today's webinar.**